



Washington State Department of

Health

Board of Pharmacy

PO Box 1099

Olympia WA 98507-1099

(360) 236-4843

**Fee \$40.00
Not Refundable**

Application for Controlled Substance Registration for Controlled Substance Researcher

- Applying for:**
- New Registration Current or Previous State Registration No: FX _____
- Business Name Change Only DEA Registration No: _____
- Primary Registrant Change
- Location Change—Lab and/or Business

NAME OF BUSINESS			
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS TELEPHONE	FAX NUMBER		
CONTACT PERSON			
LAB LOCATION ADDRESS	CITY	STATE	ZIP
DESCRIBE TYPE OF RESEARCH TO BE PERFORMED			
LIST THE CONTROLLED SUBSTANCES TO BE USED			
NAMES OF PERSONS AUTHORIZED TO ACCESS CONTROLLED SUBSTANCES			

PREFERRED INSPECTION DATE

PRIMARY REGISTRANT

EMAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP

HOME PHONE NUMBER

DATE OF BIRTH

Have you ever been found guilty of a drug or controlled substance violation? Yes No If yes, explain in detail. Provide circumstances, places, dates, and outcomes.

Certification

In submitting this application, it is agreed by me that if any part is found false or fraudulent, I forfeit the right to a registration.

I, _____ being first duly sworn upon oath, depose and say: that the answers to the foregoing questions and statements made in the above application are true and correct.

SIGNATURE OF REGISTRANT

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Signature _____

SEAL

For the state of _____

Residing at _____

My Commission Expires _____